

Testimony of Victoria Veltri State Healthcare Advocate Before the Insurance and Real Estate Committee In support of SB 1085 March 17, 2015

Good afternoon, Representative Megna, Senator Crisco, Senator Kelly, Representative Sampson, and members of the Insurance and Real Estate Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Thank you for providing me with the opportunity to comment on SB 1085, An Act Concerning Health Insurance Coverage For Mental Or Nervous Conditions, and I would like to thank the committee for introducing this bill on our behalf. This bill promotes uniformity in the coverage of mental health conditions across public and private health plans which, as our healthcare system becomes increasingly dynamic, is critically important for consumers. Currently, many people enrolling for coverage through Access Health CT ("AHCT") experience churning, which occurs when a person's income fluctuates, changing their eligibility for health coverage and causing them to change from commercial

to public coverage, or vice versa. This year, more than half of the people reenrolling for health insurance through AHCT and who experienced churning moved from Medicaid to a qualified health plan ("QHP"), and if the proposal to eliminate Husky A coverage for parents and caregivers goes forward, an additional 34,000 people at risk for churning will be moved into a QHP.

This becomes very significant when we consider the importance of continuity of care. When consumers experience dramatic changes in their benefit design, their ability to understand and effectively use their benefits in a manner that promotes optimal compliance with their treatment can be adversely impacted. SB 1085 merely codifies the practice that private, fully insured health plans have reported they are already doing, as well as the Insurance Department's ("CID") review of each plan's compliance with mental health parity law, and mirrors existing Medicaid's benefits. In this way, when consumers find their financial circumstances changing, with the subsequent change in eligibility, the benefits will remain consistent. Indeed, this bill compliments HB 6847, which clarifies the benefits and services available to consumers for the treatment of autism spectrum disorder ("ASD").

SB 1085 also supports effective treatment through its deference to the member's treating provider by requiring health plans to cover medically necessary inpatient and acute treatment for fourteen days without prior authorization. This acknowledges the reality that each person's clinical trajectory may be different. While general medical necessity criteria are helpful, and especially with mental health treatment, the attending provider is most ideally suited to make the most appropriate medical recommendation for their patient. Indeed, treatment of appropriate duration is a key component of generally accepted practices and must include not only coverage during the immediate, acute phase of treatment, but for a period adequate to effectively assess and diagnose each person's needs and treatment. The premature denial of coverage for these levels of care, due to their cost prohibitive nature, often means that the treatment is prematurely discontinued, which leads to a significantly greater risk of relapse and recurrence of the original symptoms.

SB 1085 is an important and essential element in our state's efforts to promote access to transparent, quality and cost-effective treatment for our citizens, and I urge your support.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.

		,